



## Fairfield Regional Fire School

205 One Rod Highway  
Fairfield, CT 06824  
(203) 254-4708 • Fax (203) 254-4719

*"You Fight the Way You Train"*

Captain  
Douglas Chavenello  
Director

William Boroskey  
Tom Ferrara  
Denise Sherwood  
Staff

# Student Application Firefighter 2 - Class #FF2-8-06 Class Starts August 28, 2006

Last Name:	_____	Fire Department:	_____
First Name:	_____	Phone (Home):	_____
Home Address:	_____	Work:	_____
City:	_____	Cell:	_____
State:	_____	Pager:	_____
Zip:	_____	Email:	_____

Are you 18 years of age or older? ☐ Yes ☐ No

(No one under 18 is allowed to participate in hands-on programs)

## Department Authorization to Attend Training

As **Chief** of the \_\_\_\_\_ Fire Department or as **Supervisor** of the \_\_\_\_\_ Organization,

I hereby authorize the above applicant to participate in the program below and, therefore, understand that the above-named individual will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the Town of Fairfield, Fairfield Fire Department, Fairfield Regional Fire School, its officers, directors, agents or instructors shall not be liable for any injuries sustained during such training. This applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet the 29 CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus) OSHA CFR 1910.156 for protective clothing.

\_\_\_\_\_  
Chief/Supervisor's Signature and Date

No application will be accepted without tuition, authorized signature and proof of prerequisite if needed.

**Cost of Program: \$400.00 – Program includes full HAZMAT Operations**

Please make Checks payable to **Fairfield Regional Fire School**. Call School for additional information. We do not accept credit cards. Preference is given to members of Department's in Fairfield County.

**Firefighter 2 - Class #FF2-8-06**



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Staff

# Student Application Firefighter 1 - Class #FF1-9-06 Class Starts September 5, 2006

Last Name:	_____	Fire Department:	_____
First Name:	_____	Phone (Home):	_____
Home Address:	_____	Work:	_____
City:	_____	Cell:	_____
State:	_____	Pager:	_____
Zip:	_____	Email:	_____

Are you 18 years of age or older? ☐ Yes ☐ No

(No one under 18 is allowed to participate in hands-on programs)

## Department Authorization to Attend Training

As **Chief** of the \_\_\_\_\_ Fire Department or as **Supervisor** of the  
\_\_\_\_\_ Organization,

I hereby authorize the above applicant to participate in the program below and, therefore, understand that the above-named individual will be covered by my organization's Worker's Compensation Insurance while participating in such training, and that the Town of Fairfield, Fairfield Fire Department, Fairfield Regional Fire School, its officers, directors, agents or instructors shall not be liable for any injuries sustained during such training. This applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special considerations, and where applicable, to meet the 29 CFR 1910.134 standard for the use of respirators (Self-Contained Breathing Apparatus) OSHA CFR 1910.156 for protective clothing.

\_\_\_\_\_  
Chief/Supervisor's Signature and Date

No application will be accepted without tuition, authorized signature and proof of prerequisite if needed.

**Cost of Program: \$400.00 – Program includes full HAZMAT Awareness**

Please make Checks payable to **Fairfield Regional Fire School**. Call School for additional information. We do not accept credit cards. Preference is given to members of Department's in Fairfield County.

**Firefighter 1 - Class #FF1-9-06**